

**United States Bankruptcy Court – SOUTHERN DISTRICT OF ALABAMA
CREDIT CARD BLANKET AUTHORIZATION FORM**

I hereby authorize the U. S. Bankruptcy Court to charge the credit card listed below for payment of fees, costs, and expenses which are incurred by the authorized users listed below. I understand that when a pleading requiring a fee is received without the fee, the court will automatically charge the account number listed on this form. Initial installment payments will be charged at the time of filing the petition. The charging of subsequent installment payments will require ECF notification, prior to the payment due date. I certify that I am authorized to sign this form on behalf of my law firm.

Credit Cardholder Name:

Signature: _____ **Date:** _____

NAMES OF AUTHORIZED USERS: **List names of individuals who sign petitions/pleadings (include cardholder name, if applicable).**

It is not necessary to list any other individuals.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Law Firm Name:

(If sole practitioner, type your name)

Address:

Contact Person: _____ **Telephone Number:** _____

Account Number: _____ **Expiration Date:** _____

CARD TYPE: (Check card type below)

MasterCard

VISA

Discover

American Express

**** Diners Club**

****American Express ID Number:** _____ **(This four digit # is printed on your card above the embossed account number.)**

It is the responsibility of the cardholder to notify the court if a card has been canceled or stolen. This form will remain in effect until the expiration date of specifically revoked in writing. A handwritten signature is required on this form.